



SCIENCE



CONNECTIONS



ACTION

Innovative Strategies for Planning and Evaluating Community-Wide Campaigns

Presentation and Training for the Missouri Time Critical Diagnosis Education Subcommittee

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Vision

A heart-healthy and stroke-free world.

Mission

To serve as the United States' public health leader for achieving cardiovascular health for all and for eliminating the disparity among populations in the burden of heart disease and stroke.



**Heart Disease
& Stroke Prevention**
Science • Connections • Action



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Overview of Talk

- a. Background and Context
- b. Social (Health) Marketing Strategies
- c. Marketing Communications Mix
- d. Getting to Know Your Audience
- e. Evaluation
- f. Conclusion



Heart Disease
& Stroke Prevention
Science • Connections • Action

Signs vs. Symptoms

Definition: sign

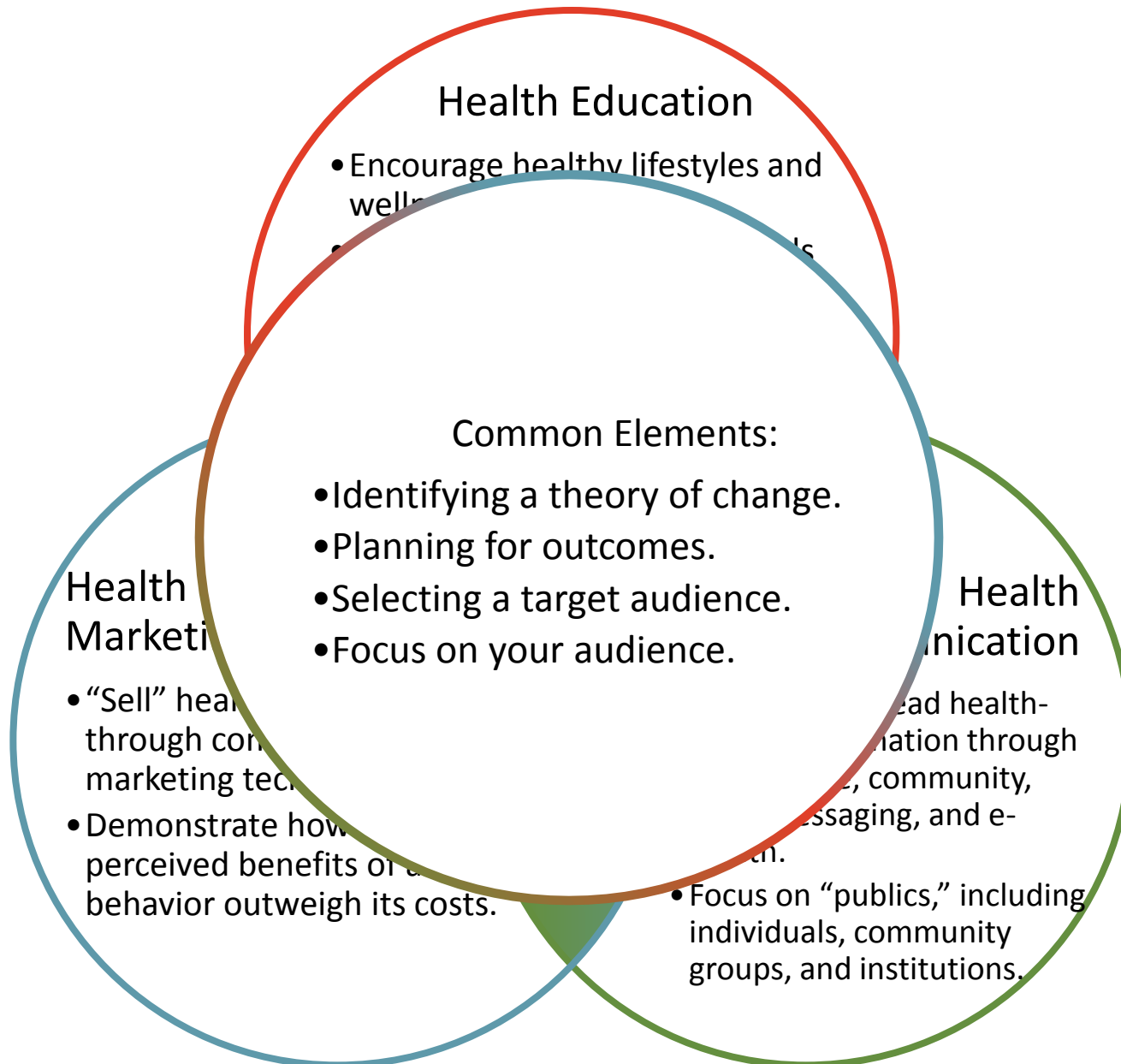
“any abnormality indicative of disease, discoverable by the physician during his [or her] examination of the patient.”

Definition: symptom

“any morbid phenomenon or departure from the normal in function, appearance, or sensation, experienced by the patient and indicative of disease”.

A **sign** is an **objective** symptom; a **symptom** is a **subjective** sign of disease.

Is It Education, Communication, or Marketing?



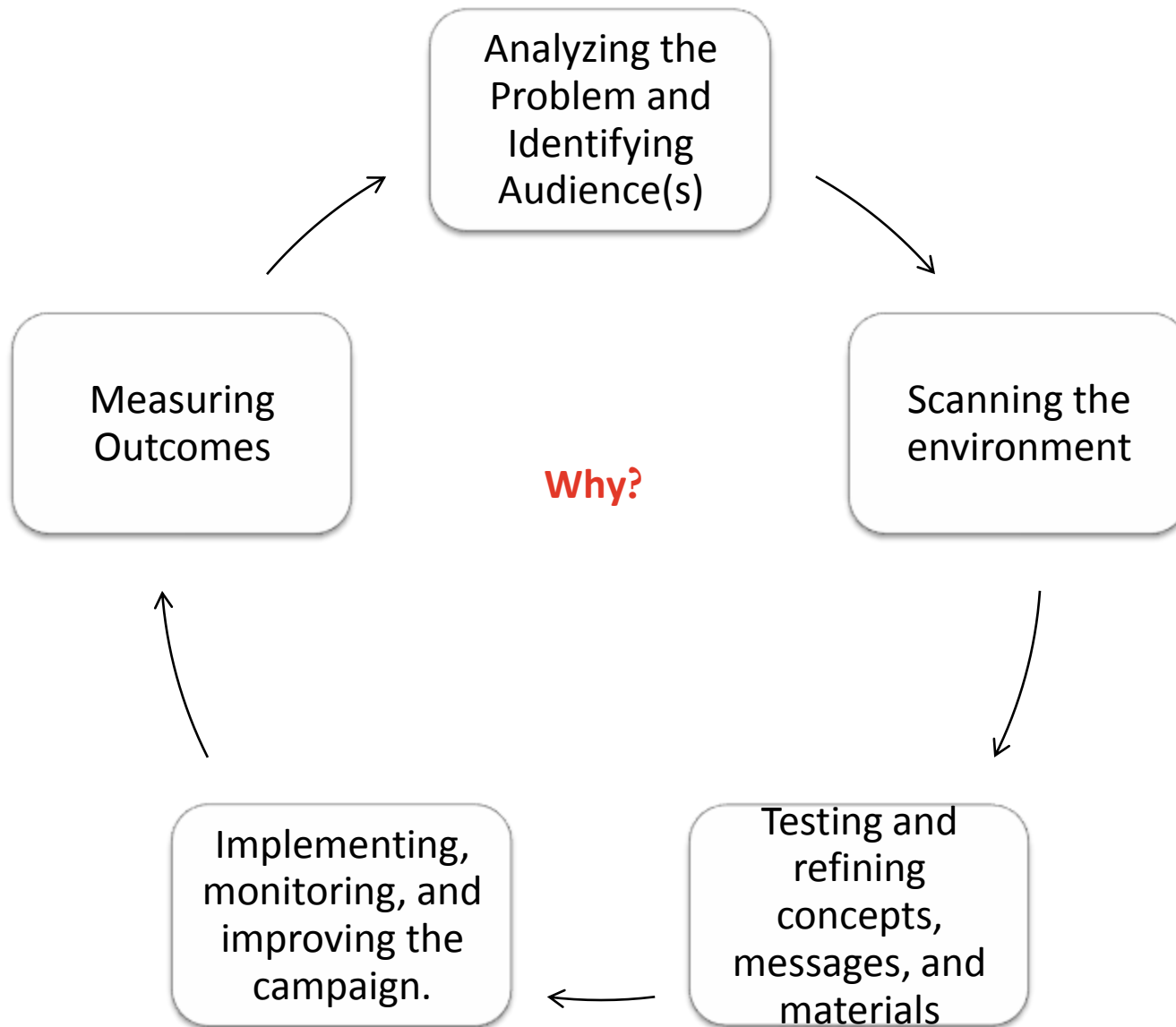
Editorial

Patient Education to Reduce Prehospital Delay Time in Acute Coronary Syndrome Necessary But Not Sufficient

Henry H. Ting, MD, MBA; Elizabeth H. Bradley, PhD

“Educational interventions have not been successful to date, although studies regarding the timing, intensity, decay, and who delivers the education would be informative. Perhaps, this field needs more innovative and disruptive strategies such as those used by marketing firms to understand and influence customer behavior to change the inertia in patient responsiveness.”

Campaign Strategic Planning Process



What is Your Theory of Change?

Activities

- Highly visible campaign that reaches audience(s) a sufficient # of times through a variety of media and information channels.



Short-Term Outcomes

- ↑ awareness of campaign.
- ↑ knowledge of symptoms and the need to 911.
- ↑ intentions to call 911.
- ↑ self-efficacy to recognize symptoms and call 911.



Medium-Term Outcomes

- ↑ CVD patients with a heart attack emergency plan.
- ↑ calls to 911.
- ↑ use of EMS.
- ↓ Pre-hospital time delay.
- ↑ improved quality of care.

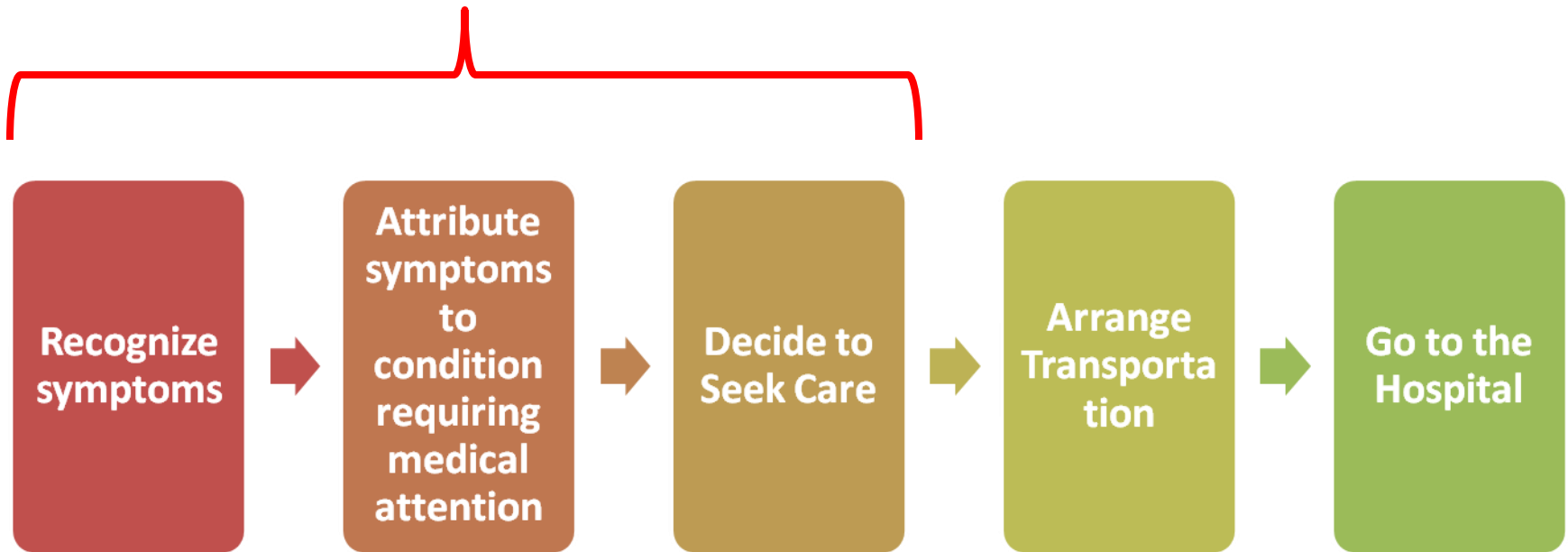


Long-Term Outcomes

- ↓ heart attack mortality.
- ↓ in complications and risk of recurrent events.
- ↓ cardiovascular-related disparities.

Components of Pre-Hospital Delay

Longest Phase of the Delay



Source: American Heart Association. Reducing Delay in Seeking Treatment by Patients With Acute Coronary Syndrome and Stroke A Scientific Statement From the American Heart Association Council on Cardiovascular Nursing and Stroke Council. Circulation. 2006;114:168-182.)

SOCIAL MARKETING STRATEGIES

Product

Price

Place

Promotion

What you are promoting or trying to “sell”.

Could be a behavior, a service, or an object.

Product Examples (**Within the Chain of Survival**)

- Recall heart attack warning signs and the need to call 9-1-1.
- Recognize heart attack warning signs.
- Attribute heart attack symptoms to a cardiac origin.
- Have a heart attack emergency plan.
- Decide to seek emergency care *immediately*.
- Call 9-1-1 (versus not calling) or (versus self-transport).
- Know the benefits of taking EMS or that “EMS brings the hospital to you”.

SOCIAL MARKETING STRATEGIES

Product

Price

Place

Promotion

Barriers or “costs” to performing the behavior.

Costs could be monetary or non-monetary (e.g., time, effort, emotion).

Price Examples (**Within the Chain of Survival**)

- **(For knowledge gains):** Time involved in reading information or learning a new topic.
- Embarrassment (*what if I didn't have a heart attack and I take an ambulance?*)
- Coping skills are lacking.
- Sudden onset of symptoms.
- Do not believe symptoms are severe enough or urgent.
- Lack of trust in health care or EMS.
- No witness or bystander present.

SOCIAL MARKETING STRATEGIES

Product

Price

Place

Promotion

Where and **when** the audience will perform the behavior, and receive any direct services associated with the campaign.

Considerations for place:

- Delay between message exposure and event.
- Guidance for developing a heart attack emergency plan.
- Location(s) and time of out-of-hospital events.
- Access to E-911 or W-E-911.
- Emergency Medical Dispatch protocol.

SOCIAL MARKETING STRATEGIES

Product

Price

Place

Promotion

Educational settings and marketing communication channels.

Messages are delivered from credible source(s) to audience(s) to promote behaviors and benefits.

Recommendation: Reach audiences through a variety of formats and promotional outlets.

Competition: Different Messages and Promotional Approaches from Different Sources

Face
Does the face look uneven?
Ask them to smile.

Arm
Does one arm drift down?
Ask them to raise both arms.

Speech
Does their speech sound strange?
Ask them to repeat a phrase.

Time
Every second, brain cells die.
Call 9-1-1 at any sign of stroke!

Is it a stroke?

Check these signs FAST!

Call 9-1-1 at any sign of stroke.

Massachusetts Department of Public Health — For more information call 1-800-486-1111 or email healthstroke@state.ma.us

“STROKE'S NO JOKE”



give me 5 for stroke

WALK
Is their balance off?

TALK
Is their speech slurred or hard to hear?

REACH
Is one arm weak or numb?

SEE
Is their vision off in any way?

FEEL
Is their face numb?

Even if you only have one symptom or your symptoms go away, call 9-1-1 and go to the emergency department!

STROKE 101

KNOW STROKE
KNOW THE SIGNS. ACT IN TIME.

**Stroke Strikes Fast.
You Should Too.**

Call 9-1-1

MARKETING COMMUNICATIONS MIX

Advertising

Sales
Promotion

Public
Relations

Personal
Selling

Direct
Marketing

Communicating with mass audiences to *inform, persuade, or remind*.

Media channels include:

- TV
- Radio
- Internet
- Outdoor signs
- Newspapers
- Magazines

Get through the “clutter”!



MARKETING COMMUNICATIONS MIX

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Providing incentives to encourage **short-term** knowledge gains or action.

Incentives for audiences may include objects like promotional products:

- Magnets with symptoms and warning signs.
- Wallet cards with symptoms and warning signs.
- *Go Red for Women* T-shirts.
- Coupons for heart-healthy behaviors (e.g., gym membership or Weight Watchers)

Or they may be affective (e.g. peace of mind, feeling safe with a heart attack emergency plan).

Think about WIIFM:

- What's in it for me?



MARKETING COMMUNICATIONS MIX

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Marketing

Building and maintaining positive relationships with audiences or “publics.”

News coverage is often “earned” by:

- Creating an event.
- Arranging interviews with advocates.
- Localizing the issue.
- Using narratives or personal stories.

Recognizing the Signs...Even When They're Not Divine



Nicki James received a sign while sitting in church. It wasn't divine, but it changed her life.

Nicki suddenly slumped into a man sitting next to her in the pew. She tried to lean the other way, but she couldn't. She couldn't focus. Her fiancée, John Petrelli, tried to take her outside for some air.

Before they could leave the church, Nicki, 27, collapsed.

John thought she was having a stroke. He recognized the symptoms because his grandfather had suffered a stroke. He called 9-1-1.

Nicki couldn't talk. "John recognized the paralysis on one side of my face and he saw me struggling to speak and maintain my balance," she said. "He made sure I got to the hospital quickly."

Nicki was rushed to the emergency room at The Methodist Hospital in Houston, where medical professionals treated her according to Get With The Guidelines, the American Heart Association's quality improvement program that helps healthcare providers treat heart and stroke patients according to the most up-to-date guidelines.



MARKETING COMMUNICATIONS MIX

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Selling behavior change through a trained “sales” force.

Salespeople may include:

- Firefighters/EMTs
- Barbers/Beauticians
- School Teachers
- Faith leaders
- Health care providers
- Heart Attack Survivors
- Community/Peer Leaders



MARKETING COMMUNICATIONS MIX

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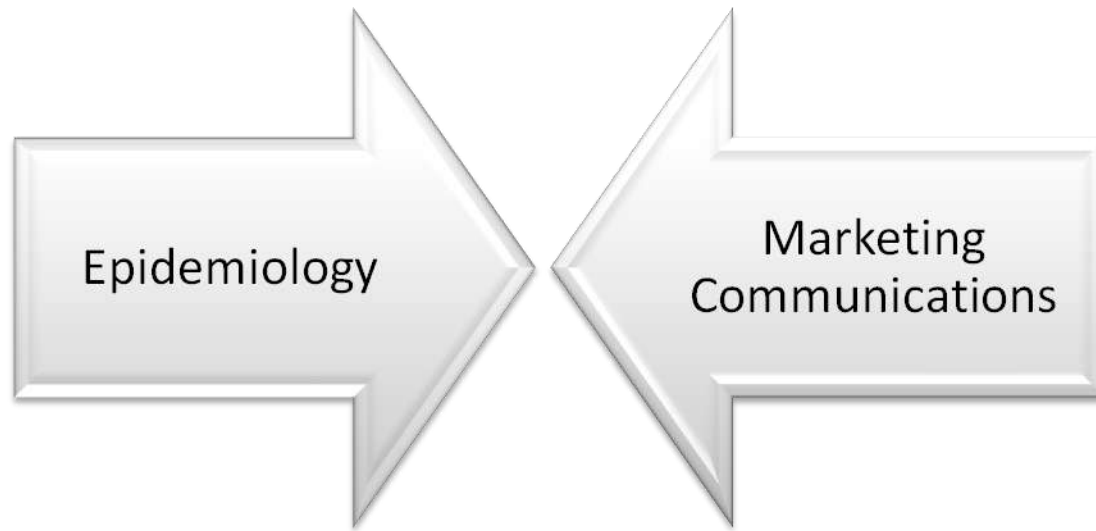
Bringing information to consumers through individually tailored approaches.

Forms of direct marketing include:

- Direct-mail marketing,
- Kiosk marketing,
- Mobile phone marketing,
- Online marketing.



Identifying Your Market (Audience)



Where epidemiology meets marketing communications and media planning.

Who Is Your Audience?



Primary audience:

- A primary audience would be the persons whom you are **directly trying to reach** and have the **power and ability** to do something about the issue.

Secondary audience(s):

- A secondary audience includes the persons who have the **power and authority to influence** your primary audience or **whose opinions matter** to the primary audience.

Concentrated (Niche) Marketing: Selecting a Segment to Reach

When resources are limited, **concentrated marketing** may make the most sense.

- Target a share of one or a few segments.
- Think about segments for whom the burden of stroke is greatest and who may not be reached as often as other segments.
- Think about segments for whom **impact can be felt, observed, measured, and sustained.**



GETTING TO KNOW YOUR AUDIENCE

Market
Research

Formative
Evaluation

Myth: Market research isn't relevant for a health program.

Fact: Health program planners can use the methodologies and information normally associated with market research to:

- Understand why individuals behave the way they do, how communicators should talk about a behavior, and where individuals get information.
- Create an audience portrait for communication planning—knowing only health-related factors limits understanding of the whole person and does not provide guidance on how to reach them or what to say.
- Support strategy development for policy initiatives by describing opinion leaders, policymakers, and their constituents.



Audience Insights

Communicating to the Responsible Generation (Aged 64-84)



Highest access to cable television in their home compared to any other group.

Value local newspaper coverage: more than 50% say they read local newspapers to stay informed about their community.

Still prefer traditional media (e.g., TV, local newspapers, magazines) for news and information over new media (e.g., Internet, blogs, wikis).

Approximately 69% of people in this generation are members of organized groups, such as civic clubs, AAA, churches, and the Arts.

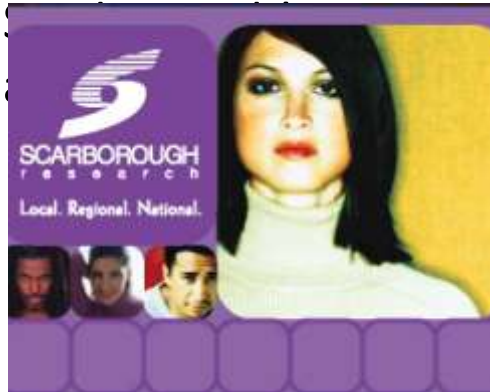
Available at: <http://www.cdc.gov/healthmarketing>

Market
Research

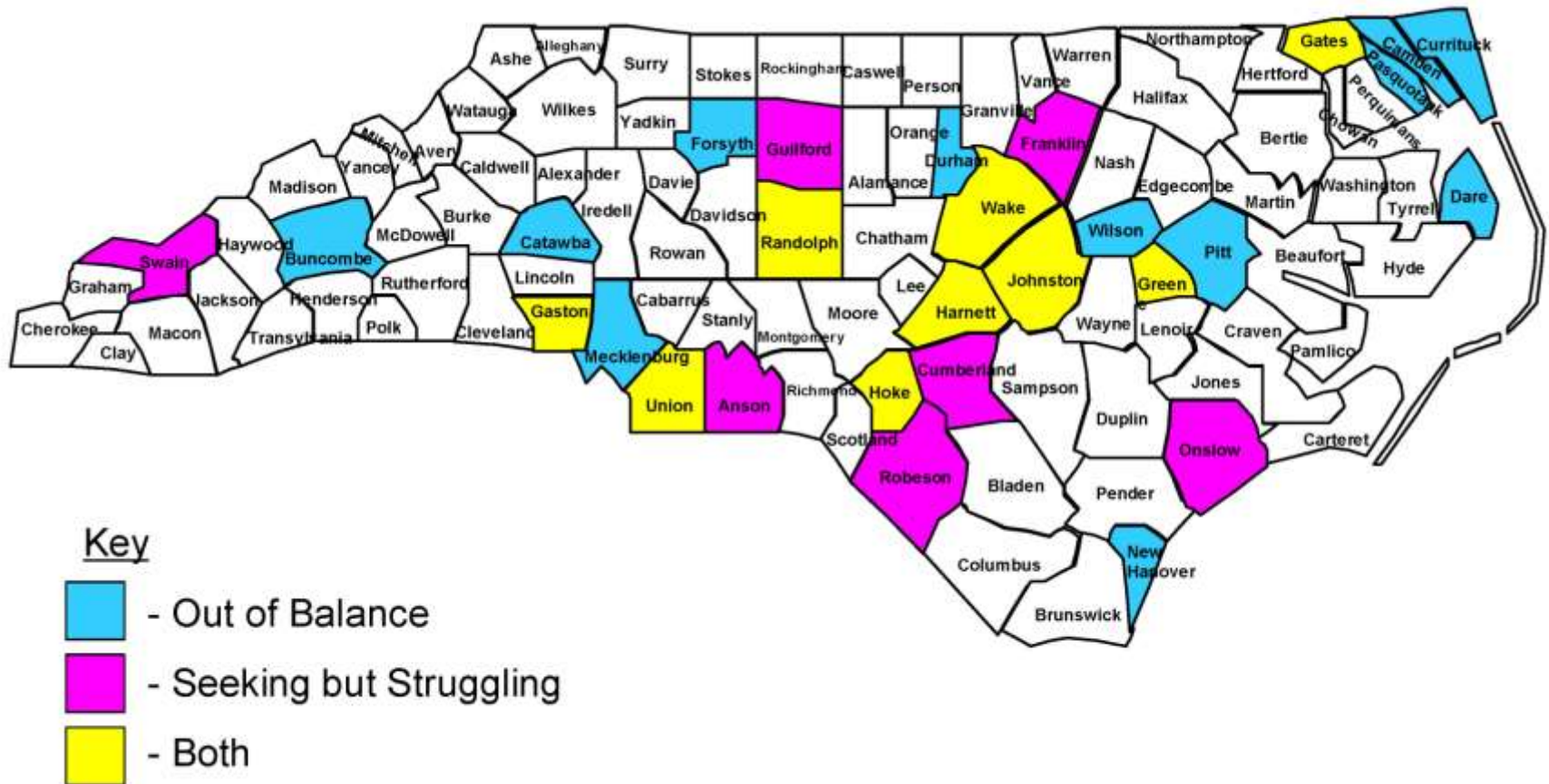
Formative
Evaluation

Scarborough Research: Consumer Insights

- 81 top-tier local market studies.
- Used by a broad range of media and marketer clients.
 - Range of uses, from targeting an ethnic audience and prospecting for new advertising business to establishing a suitable co-branding partnership.
 - Scarborough Research Local Market Studies Council (MRC) accredited.



Placing the Messages: North Carolina Example



Source: *Using Technology and Science to Segment Audiences*. Presentation by Sheree Vodicka, North Carolina Division of Public Health.

GETTING TO KNOW YOUR AUDIENCE

Market
Research

Formative
Evaluation

Whom to Test:

- **Audience Members (Primary and Secondary)**
- Subject Matter Experts
- Media experts
- Stakeholders

What to Measure:

- Comprehension/Clarity
- Attention/The “Hook”
- Recall/Memorability
- Appeal/Interest
- Tone/Pacing
- Relevancy/Cultural Appropriateness

EVALUATION

Is the Campaign Well Implemented?

Activities

- Highly visible campaign that reaches audience(s) a sufficient # of times through a variety of media and information channels.
- **Are things going as planned? If not, how can activities be improved?**

Is the Campaign Having the Intended Effect?

What to Monitor:

- # of ads purchased and when they aired.
- Reach (% of audience potentially exposed).
- Frequency (# of times exposed).
- Gross Rating Points (GRPs) (frequency X % reached).
- # of web site hits, materials distributed.
- # media mentions
- Campaign awareness/Ad recall.
- Audience satisfaction.



EVALUATION

Is the Campaign
Well Implemented?

Is the Campaign
Having the Intended Effect?

Measuring campaign outcomes:

- What are the specific results that we can attribute to our campaign?
- How will they be measured?

Outcome measures:

- Changes in knowledge
- Changes in attitudes
- Changes in beliefs
- Changes in self-efficacy
- Changes in behavioral intention
- Changes in behavior



Is the Campaign
Well Implemented?

Is the Campaign
Having the Intended Effect?

What You Might Expect from Campaigns:

- 4 – 5 % increase in audience performing a new behavior in the short-term following a campaign.
- Enforcement campaigns are stronger than persuasive campaigns.
- It's better to promote a new behavior than to try and stop a behavior.
- Campaigns with greater reach have greater effects.
- Short *persuasive* campaigns (1 year or less) are more effective at achieving audience reach than long *persuasive* campaigns.

Sources: Snyder LB, Hamilton MA. *A Meta-Analysis of U.S. Health Campaign Effects on Behavior: Emphasize Enforcement, Exposure, and New Information, and Beware the Secular Trend*. In Hornik RC (ed). *Public Health Communication: Evidence for Behavior Change*: Mahwah, NJ: Lawrence Erlbaum Associates: 2002.

Snyder LB. HOW EFFECTIVE ARE MEDIATED HEALTH CAMPAIGNS? In Rice, R. E and Atkin, C. K. (Eds.) (2001). *Public communication campaigns* (3rd ed.) Thousand Oaks, CA: Sage.



EVALUATION

Is the Campaign
Well Implemented?

Is the Campaign
Having the Intended Effect?

How do you know that any effects are due to your campaign?

- Are there **measurable** outcomes that are plausibly due to the campaign?
- Is there an observed **change** in the outcomes expected?
- Is there a **correlation** between changes and campaign exposure?
- Did exposure precede the observed change (**time-order**)?
- Can you rule out threats like **confounding** variables or **secular** trends?
- Are the results **consistent with previous program research**?



EVALUATION

Is the Campaign
Well Implemented?

Is the Campaign
Having the Intended Effect?

Communicating evaluation results:

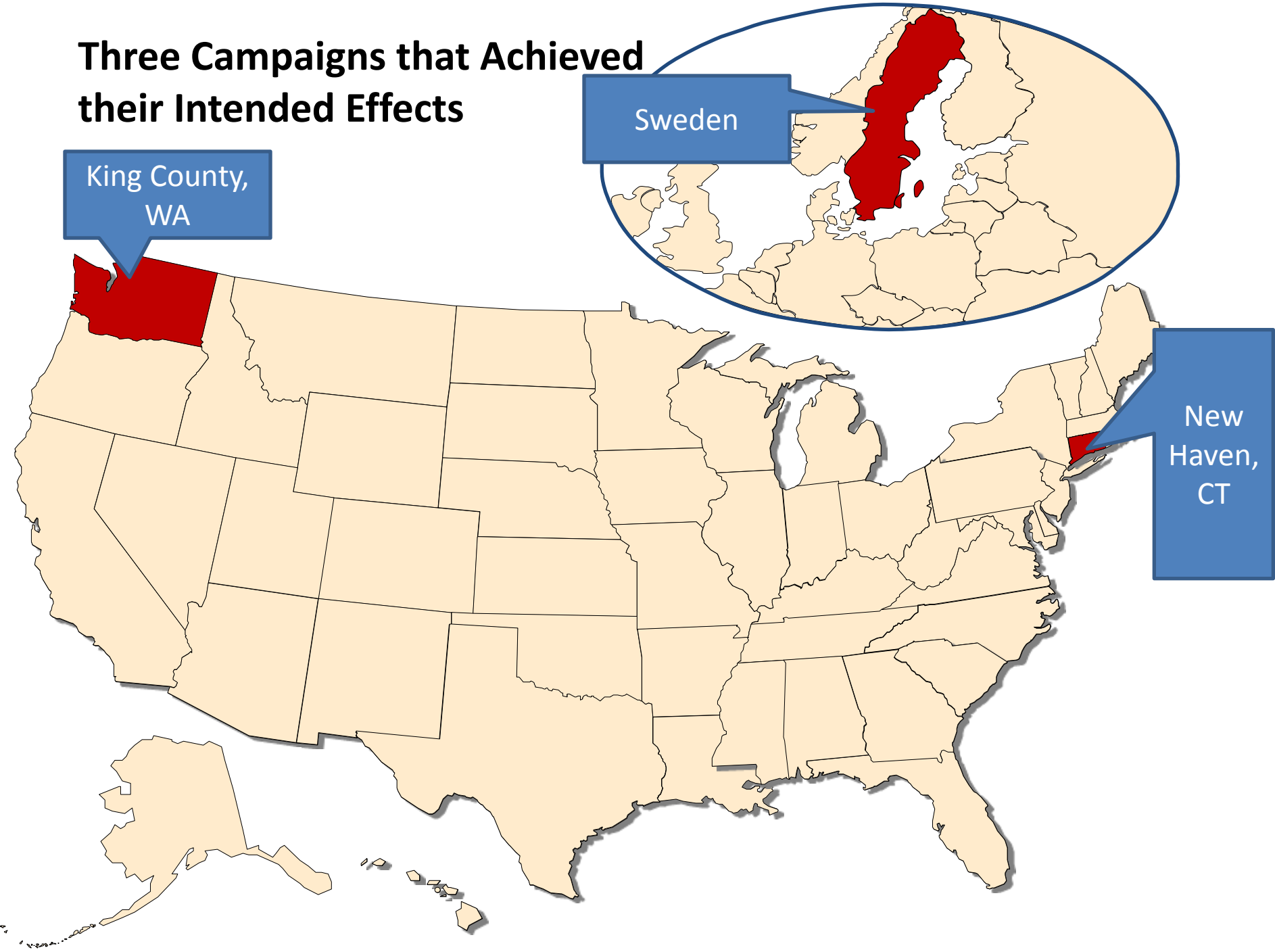
- **Why** did you conduct a campaign evaluation?
- **For** whom (e.g., stakeholders, state legislators, chronic disease directors) did you conduct an evaluation?

Three Campaigns that Achieved their Intended Effects

King County,
WA

Sweden

New
Haven,
CT



Heart Attack Survival Kit

King County, Washington



Who was targeted:

- Seniors aged 65+.

What was done:

- Collaborative among the University of Washington, Seattle-King County Health Department, and fire districts within King County, Washington.
- Door-to-door delivery of kit by local firefighters, face-to face counseling.
- Emphasized intentions to call 911, take aspirin during cardiac emergency.
- Focused on expectations about signs and symptoms of a heart attack.

What was achieved:

- Seniors in intervention group called 911 significantly more often for chest pain than seniors in control group in the first year after intervention.
- Intervention had a positive effect on aspirin taking in the first year after the intervention but not in the second year.

Women's Heart Advantage

New Haven, Connecticut

Who was targeted:

- Women aged 40 to 70 years from New Haven County.

What was done:

- Partnership between Yale-New Haven Heart Center (YNHH) and local cooperative of 2,000 hospitals.
- 2-year, \$50,000 sponsorships with local and national organizations.
- Ongoing communications and education of healthcare providers.
- Health promotion activities (e.g., heart pin, action card, 24/7 phone line, TV, radio, TV, Newspaper, billboard, direct mail, Yellow and White Pages).
- Community Outreach (e.g., Heart AdVANtage van, Garden clubs, churches).

What was achieved:

- Significant increase in awareness of heart disease in women.
- Average yearly increase of 7.5 % in number of women with heart problems admitted to the YNNH Emergency Department (compared to overall annual increase in heart admissions of 3%).

HJARTA-SMARTA 90 000 (Heart Pain 90 000)

Gotëberg, Sweden

Who was targeted:

- City of 450,000 residents.

What was done:

- Mass Media (e.g., radio, newspaper, ads on trams and buses, direct marketing).
- Campaign used motivational techniques to ↓ denial and teach self-evaluation of symptoms and steps to obtain help.

What was achieved:

- % of patients arriving in hospital following symptom onset increased.
- Median delay time was reduced.
- Infarct size significantly reduced during campaign vs. before campaign.
- % of patients that received thrombolysis increased from 4% before to 11% during campaign.



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Conclusions

Campaigns should be audience-centric – think about what your audience *wants* to know, believe, and do.

Consider what kinds of outcomes are actually plausible and how they will be measured.

Don't just document campaign activities;
find what's not working and fix it!

Knowledge or awareness are necessary outcomes in campaigns but not sufficient to motivate behavior change or immediate action.



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Thank You

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



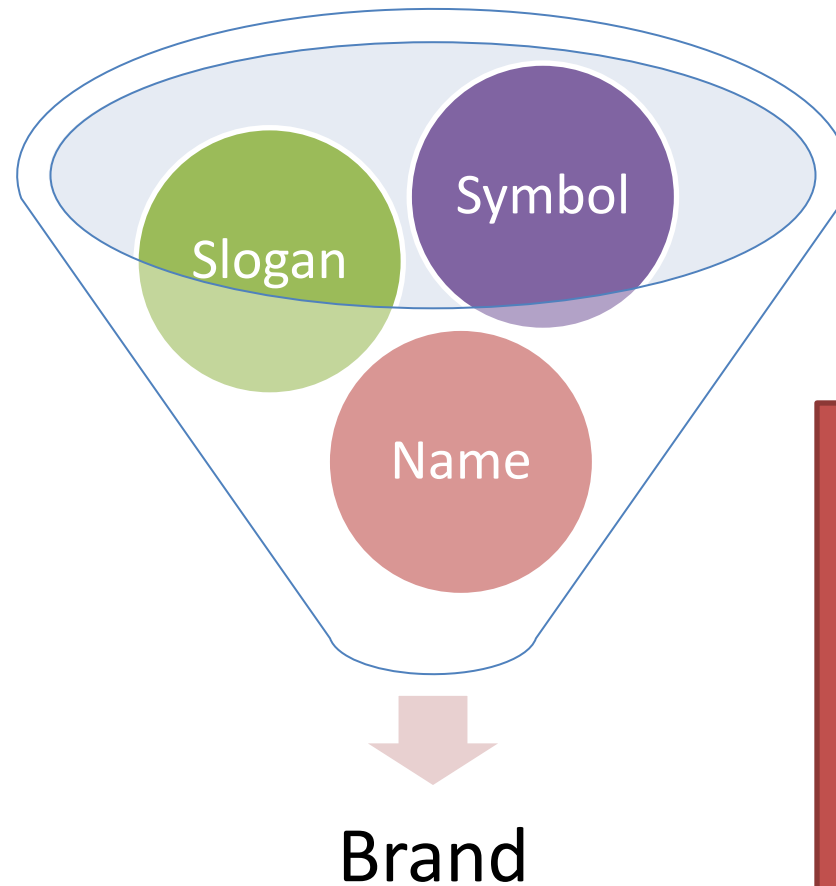
Additional Slides (Time Permitting)

McGuire's Hierarchical Model

Target customers must:

- Be exposed to the communication.
- Attend to it.
- Like and become interested in it.
- Comprehend it (learn what it says).
- Acquire necessary skills (learn how to do what it recommends).
- Yield to it (attitude change).
- Store the message content or agreement to it.
- Search and retrieve this information.
- Decide on the basis for action.
- Behave in accord with the decision.
- Reinforce the desired actions.
- Consolidate the new lifestyle after the behavior.

Building a Strong Brand



Good brands are memorable, recognizable, distinctive, and make a product or service seem valuable and appealing to consumers.

Source: Donovan and Henley. *Social Marketing Principles and Practice*. IP Communications: Melbourne. 2003.

Kotler P, Amrstrong G. *Principles of Marketing*, 9th ed. Upper Saddle River, NJ: Pearson Education, 2001.

But, brands are **more** than symbols or slogans. They **create and maintaining relationships** with customers.

A strong brand will:

- Create a legacy or shared experience that can be passed from generation to generation



- Have “human” traits, characteristics, or a personality



Source: Donovan and Henley. *Social Marketing Principles and Practice*. IP Communications: Melbourne. 2003.

Kotler P, Amrstrong G. *Principles of Marketing*, 9th ed. Upper Saddle River, NJ: Pearson Education, 2001.

Factors that influence recognition of heart attack symptoms or taking immediate action by calling 9-1-1.

Socio-demographics

- Gender, age, race/ethnicity, socioeconomic status.

Cognitive and Perceptive

- Mismatch of expected symptoms with actual symptoms.
- Expecting a “Hollywood” heart attack.
- Believe symptoms are not severe enough.
- Perceive that EMS or 9-1-1 is inadequate.

Affective/Emotional

- Fear consequences of calling 9-1-1 or going to the hospital.
- Fear of troubling others.
- Feeling uncertainty or embarrassment.

Factors that influence recognition of heart attack symptoms or taking immediate action by calling 9-1-1.

Contextual/Behavioral

- Living alone or being alone when symptoms begin.
- Event happens after routine office hours.
- Waiting (or praying) for symptoms to go away.

Clinical Factors

- Misattribution of symptoms to other chronic conditions or co-morbidities.
- Coping daily with symptoms of chronic illness.
- Believe that receiving healthcare reduces/eliminates risk.
- Self-treatment with medication.

Factors Affecting Signs and Symptoms Recognition and Calls to 9-1-1

Importance	Changeability	Factor

Source: Gortmaker SL, Izazola JA. The role of quantitative behavioral research in AIDS prevention. In J Sepulveda, H Fineberg, & J Mann (Eds), *AIDS: Prevention through education: A world view*. New York: Oxford University Press, 1992.